

APPLICATION FOR CERTIFIED COPY OF DEATH RECORD

NOTICE: Orders received by mail must be accompanied by the attached sworn statement (see the instructions on the back of this form)

The California Health and Safety Code, Section 103526, permits only authorized persons as defined below to receive certified copies of death records. Those who are not authorized by law to receive a certified copy will receive a certified copy marked **“INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.”**

☐ I would like a **Certified Copy** of the records identified on the Application form (*In order to receive a Certified Copy, you Must indicate your relationship to the person named on the application form by selection from the list below.*)

☐ I would like an **Informational Copy** of the record identified on the application form (*You are not required to select from the list below to receive an Informational Copy.*)

I am:

- ☐ A parent or legal guardian of the registrant
- ☐ A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.
- ☐ A child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant.
- ☐ An attorney representing the registrant or the registrant's estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate. (If you are requesting a Certified Copy under a power of attorney, please include a copy of the power of attorney with this application form.)
- ☐ Any agent or employee of a funeral establishment who acts within the course and scope of his or her employment and who orders certified copies of a death certificate on behalf of an individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code.

STOP! DO NOT complete the rest of this form before reading the detailed instructions on the back.

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

Printed Name and Signature of Person Completing Application		Today's Date	Telephone Number – (Area Code First) ()	
Address – Number, Street	City	State	ZIP Code	

DECEDENT'S INFORMATION (PLEASE PRINT OR TYPE)

Name of Decedent – First (Given)	Middle	Last (Family)	Date of Death
----------------------------------	--------	---------------	---------------

SWORN STATEMENT

I, _____, swear under penalty under the laws of the State of California, that I am an authorized person, as defined in California Health and Safety Code Section 103526 ©, and am eligible to receive a certified copy of the death record indicated on this application.

Sworn this _____ day of _____, 20____, at _____, _____
(Day) (Month) (City) (State)

(Signature)

\$ _____ IS ATTACHED FOR _____ COPIES

COUNTY OR MORTUARY USE ONLY:		YEAR: _____	REGISTRATION #: _____	
DC _____ \$ _____	SEARCH: _____	\$ _____	FAX: _____	\$ _____
<input type="checkbox"/> WITH CAUSE	SB : _____	\$ _____	BP: _____	\$ _____
<input type="checkbox"/> AMENDED	VA _____	\$ _____		
<input type="checkbox"/> MAIL	FETAL _____	\$ _____		
<input type="checkbox"/> PICK UP	I.D. _____	BN # _____		
RECEIPT # _____	REC'D BY: _____	BY: _____	DATE: _____	